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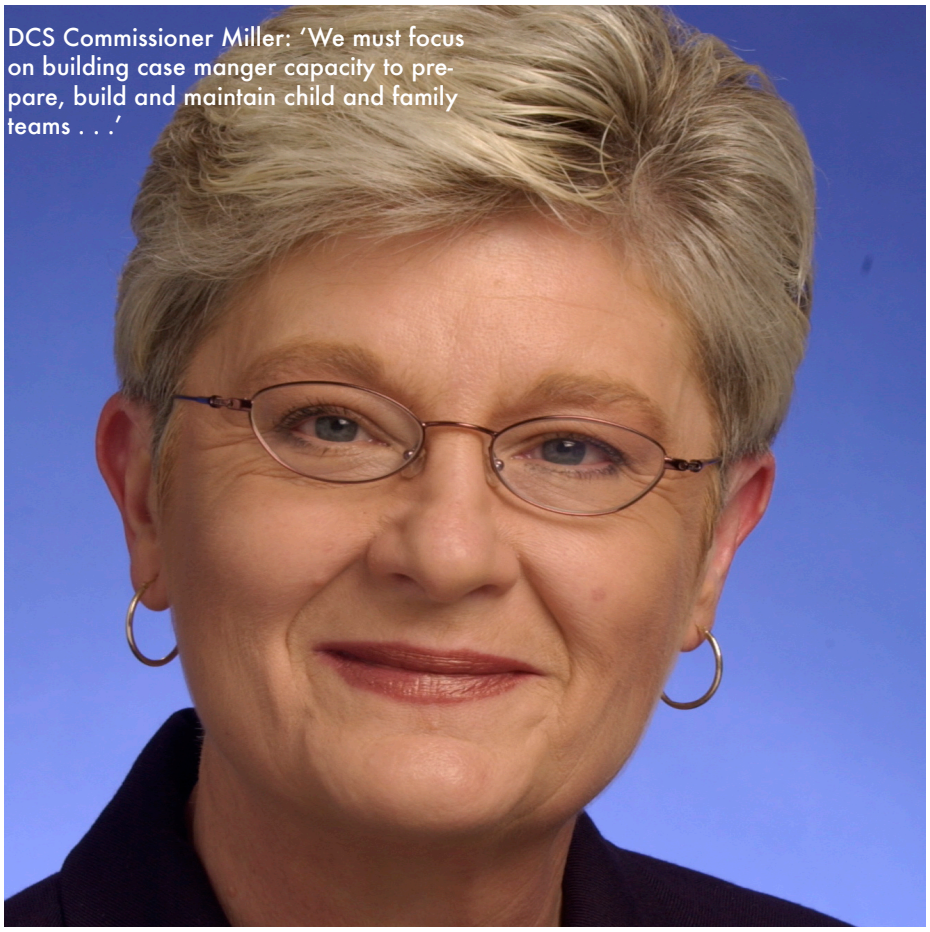
VIOLA MILLER'S WEEKLY WRAP UP

12/09/2005



DCS Commissioner Miller: 'We must focus on building case manger capacity to prepare, build and maintain child and family teams . . .'

STEPS TO SUCCESS FOR MAINTAINING CHILD AND FAMILY TEAMS

In coming year, shift in focus toward third letter in 'CFTM'

It is a terrible mistake for us to focus on the meeting (M) part of the CFTM process, rather than the team (T) part of the CFTM process!

Our plan for building our capacity to implement the child and family team process and conduct high-quality CFTMs has two primary steps: the first is the development of a group of full time, skilled facilitators; the second is the development of the engagement, team building and facilitation skills of case managers, through a combination of the pre-service training and on going coaching and mentoring of case managers.

We've focused this past year primarily on this first step of developing a pool of full-time, skilled facilitators. As the philosophy behind CFTM is much more about the "T" than the "M" and we've spent most of our time on the "M", this next year we must focus heavily on this second step. We must focus on building case manager capacity to prepare, build and maintain child and family teams as they are the persons with this responsibility

This must be our focus.

To help build case manager capacity, we must use our pool of full-time, skilled facilitators. These skilled facilitators – most of whom will be certified facilitators within the next two months - are now positioned to help mentor, coach and support this effort to build case manager capacity. In addition to helping build case manager capacity through coaching and mentoring, we need these full-time, skilled facilitators to do the following:

1. Facilitate meetings to ensure that no child enters state custody in Tennessee without the convening of the Potential Removal CFTM.

2. As needed, co-facilitate meetings with case managers when a resource parent identifies the need for a skilled facilitator, when a child may be changing a placement, a child's permanency goal may need to be changed, or before a child exits state custody.

The meeting is really the time for the team to get together in a "family safe" environment to continue the assessment, planning and decision making process. Most of the work of the team happens in other venues and over time.

'TEAM,' NEXT PAGE

Rewiring at Central Intake Telephones

Telephone experts, working with the Central Intake staff, continue to fine-tune the system in order to speed service to the thousands of people who call from around Tennessee. Central Intake Director Dianne Mangrum explains the changes today. And make sure to note the numbers for law enforcement, the medical community and case workers

SEE PAGE THREE

Team, continued . .

The CFTM is about the careful formation of a team of people who have the skills, abilities, caring and concern to surround a family, partner with them, and provide the support needed for the family to keep their children safe and nurtured.

The underlying assumptions reflecting our belief and value system around CFTM include the following:

1. No one of us is as smart as all of us.
2. Families can and will change to keep children safe and nurtured.
3. Every child deserves a home with loving adults.
4. Families have a right to make good decisions.
5. DCS can most effectively serve families in partnership with them, their natural support system and other caring service providers.
6. The plan developed by the CFT is a plan for permanency not for custody.
7. The CFT has responsibility for continuous assessment, planning, and decision making.

The team is formed through the preparation done between the family and the case manager. The case manager engages the family and works with them through the identification of the individuals who will make up that family's team based on their unique strengths and challenges. Our current CFTM's tend to be almost exclusively DCS and the family. They often resemble a staffing. As we work with families to answer the questions, "In the past when you've needed help, who have you called on? Who do you trust to support you through difficult times? What about relatives, neighbors, your Pastor?" they will find their "natural" supports for team membership.

Putting a team together and having the family participate in its formation takes a time of discernment and thought. If Mom doesn't have a high school diploma and one of her issues is supporting her child, you may want to suggest someone from Adult Education for the team. If Mom needs financial assistance, child support, food stamps, a DHS representative would be a great asset. If the family is struggling with health care issues (or lice, our favorite), someone from the local health department could be helpful. Depending on the circumstances, someone from local law enforcement, housing, the mental health center, the DCS psychologist, education specialist, attorney may be needed. Resource family inclusion goes without saying. Think outside that stupid box. One non-negotiable . . . if the child(ren) are school age, someone from the school must be invited to participate. Too much of a child's life is spent in school not to have them involved. One more non-negotiable, whenever possible, the child should also be a member of the team. Focus on this family, this minute, these strengths and these needs and work with the family to form the very best team possible.

All team members may not attend all meetings. You and the family do need them to help with the Perm Plan and at least six months later to celebrate successes. For those critically important pre-custodial CFTM's, a well selected team can often make the difference in keeping a child out of our custody.

Engaging extended family and friends, as well as appropriate service providers, not only helps the families, it makes our work easier. The stronger the team, the better our chances for good outcomes including reducing the number of children who come into care as well as reducing the length of time a child spends in care.

It is important that each team member understands and agrees to his/her role. Remember we are not "doing unto" families. We are doing with families. If we give them choices, listen, really listen, and provide access to assistance and support, they can and often will find their way without our needing to "tell" them what to do.

Preparing the family for the CFTM is critically important. Here's a rough try at a narrative:

"Mrs. Matthew, I know that the past few days have been difficult. I want you to know that we want you to have every chance to raise your own children. We want them back at home with you just as soon as possible. The best way to do that is through a process that we call a Child and Family Team. This team is made up of people who care about you and your family and want to help. It also includes people who provide services to help families who are having difficulties. I need for you to help me figure out who needs to be on your team. One way to start is for you to tell me what you want for your family. What are your goals?

(Listen, listen, listen)

Great – Now let's talk about who can help you reach those goals. Who do you call on in your family, neighborhood, church, when you need help?

(Listen, listen, listen)

Thanks

Who else might be available to help us come up with a plan to make certain that you and your children get what you need?

(You may have to probe this a number of times before the person identifies all natural supports but it's worth the effort.)

Now, let's talk about possible service providers who we may need. I notice on your family assessment that your oldest child goes to Saturn Elementary School. I would really like to invite his teacher or someone from his school to work with us.

I see here that you are seeing a therapist at the mental health center, could we invite her?

Your children have two different fathers, is that right? Are both of them paying child support? If not, let's see if we can get some help from DHS.

Once the members are identified:

OK Mrs. Matthew, that was really great work. Now we'll want to schedule a meeting with all these folks to develop a plan so that your family can get back together as quickly as possible. This meeting will give you a chance to tell your story in your words. You don't have to share anything you don't want to, but these folks will all agree to keep your information confidential before the meeting ever starts. Please remember, this work is for you and your family so that you can all be together with your children safe and nurtured.

All of us will work together and with you to come up with a plan. You and your children are the most important members of this team and you will be asked repeatedly what you want to do and what you think will help. We'll also talk about your family's strengths. Every family has strengths and it's obvious that yours does. You have a large family that seems to want to help. You have an apartment that's big enough for your family and you have a job. It may be only part time right now, but that's a start. All of these things are strength." (THE END)

We've "bet the farm" on making the CFTM process work to significantly improve our outcomes for families and children. I hope this article and my attempt at a sample narrative has been helpful. Each family is different and unique and no single approach will work for everyone. Remember the basic principles; active listening, preserving integrity, engaging others in problem solving, and taking responsibility, will help us as we continue to improve the quality of the work that we do.

VIOLA MILLER, with BONNIE HOMMRICH and ELIZABETH BLACK

CENTRAL INTAKE: SPECIAL NUMBERS, SPEEDIER SERVICE

As you are aware, Central Intake is undergoing some significant organizational changes in an effort to provide better services to Regions, community partners, and most importantly, to provide better services to the children and families served by DCS.

As we met with community stakeholders and DCS employees across the state during the rollout of Central Intake, we shared information regarding designated numbers for law enforcement/medical staff, public and case managers. These numbers have not changed. However, changes have been made in recent weeks to ensure that these numbers queue, as they should. The numbers are prioritized with law enforcement and medical being the first priority. The numbers:

LAW ENFORCEMENT, LEGAL AND MEDICAL COMMUNITIES: 877-237-0026

PUBLIC: 877-237-0004 (877-54-ABUSE) and 877-542-2873

CASE MANAGERS: 877-237-0034

We also want to let you know that there is an e-mail account now available to address concerns, suggestions, comments, and (an occasional pat on the back). This e-mail account may be publicized so that the public is able to have access.

The e-mail account is EI.Central-Intake-Alert@state.tn.us

Please share this e-mail address with your community partners and let them know that we welcome their feedback.

Of interest – Number of calls coming to Central Intake since statewide rollout:

May '05 – 12,621
June '05 – 11,614
July '05 – 11,807
August '05 – 14,423
September '05 – 15,919
October '05 – 14,113
November '05 – 14,897

Obviously, all the calls coming through Central Intake are not reports of abuse/neglect. Some of these calls include:

"Who is my case manager?"

"What is my case manager's phone number?"

Requests for transfers of CPS investigations to other counties

Requests for additional investigative information

And Directory assistance

In an effort to improve our services, please help us direct these calls to the appropriate county office, as these are not appropriate calls for Central Intake.

We are diligently working to improve the quality of our services at Central Intake. We welcome your suggestions and comments. Please let me know if I can be of assistance.

DIANNE MANGRUM

NEED TO DRILL DOWN?

Mary Beth's tips for sorting out TennCare dental snags

Need to locate a dentist, get dental questions answered or find a way to resolve issues?

–First contact Doral's Customer Service Hotline at 1-888-233-5935. This should always be the first step for a member to access care or ask questions.

Unable to obtain appointment or need additional details?

- Contact 1-888-233-5935 again and request assistance from Doral's Member Placement Department.

Need additional assistance with DCS children?

- Contact Elizabeth Walsh, 1-800-417-7140, ext. 3254. Please only contact Elizabeth directly for DCS cases.

Still need more help coordinating care?

- Contact Jacque Clouse, 1-866-539-2401/1-865-696-7892 or jfclouse@doralusa.com.

Still not satisfied? Need further assistance with various issues?

- Then contact Michele Blackwell, 888-683-6725, or 615-783-2853 or mgblackwell@doralusa.com.

MARY BETH FRANKLYN

Psychiatric help:
5 *minutes*
The doctor is in!

Q and A with Dr. Deb Gatlin DCS consulting psychiatrist

Dear Dr. Gatlin:

When I take the children in my care for a psychiatric evaluation at an outpatient community health center, what should I expect?

Maxine

Dear Maxine:

Psychiatric evaluations are conducted by a psychiatrist (a physician, M.D., with a specialty in psychiatry), OR a psychiatric nurse practitioner who is supervised by a psychiatrist.

The identified patient (in our case, child or adolescent) and knowledgeable informant (legal guardian, parent, case manager) should attend the appointment with the child. The evaluation takes approximately 45 minutes to one hour. The interview is conducted either with all participants present simultaneously or various participants are interviewed alone.

The interview will consist of the following:

Chief complaints: What brings you to see the clinician today?

History of present illness: Nature of symptoms, severity, duration, frequency, concomitants, eg.– peer relations, use of drugs, educational performance.

Previous psychiatric history: previous diagnoses, previous treatments and outcomes

Pertinent Medical conditions

Family history: of medical and psychiatric conditions

Social history: previous care, abuse, trauma

Mental status: presence of hallucinations, delusions, hyperactivity, shortened attention span

The psychiatric evaluation will derive a diagnostic statistical manual working diagnosis. This will determine treatment recommendations that may or may not include medication.

E-mail Send your questions for Dr. Gatlin to Mary Beth Franklyn